

Anything Outdoors-Helping Kids
45061 Edna Guidry Rd
St. Amant, LA 70774
(504)782-0705

A non-profit 501(c)3 organization giving monetary help and outdoor trips to Louisiana children with life-threatening illnesses.

Date: _____

Child's Name: _____ Age: _____ DOB: _____

Male Female Favorite Outdoor Activity: _____ Shirt Size: _____

Parent/Guardian(s):

Last Name: _____ First Name: _____ Middle Initial _____

Relationship to child: _____ Phone: _____ Shirt Size: _____

Last Name: _____ First Name: _____ Middle Initial _____

Relationship to child: _____ Phone: _____ Shirt Size: _____

Medical Information:

Condition or Illness: _____

Any limitations or special needs due to Condition or Illness: _____

Name of treating Physician: _____ Hospital: _____
(City, State)

Any additional information you feel is necessary for us to know regarding your child : _____

We do/ do not consent to news coverage and/or promotional advertising that may arise in fulfilling this application and/or promoting Anything Outdoors-Helping Kids organization.

We, the undersigned, understand that Anything Outdoors-Helping Kids is under no obligation to do anything other than to consider this application. We hereby grant our consent to Anything Outdoors-Helping Kids to contact persons listed above for the purpose of assessing needs. We provide our consent to the physician listed above to release all relevant medical records for the Applicant associated with this application.

Mother/Guardian Signature

Father/Guardian Signature

Anything Outdoors use:

Board Members Name: _____ Date Received _____

Amount/Trip Donated: _____ Date of Donation _____